Request for Innocent Spouse Relief and Separation of Liability and Equitable Relief

Do not file with your tax return.

Do not use Form 200 to make an injured spouse claim. Beginning with taxable year 2017, you must use Arizona Form 203 to make an injured spouse claim. You are an injured spouse if your share of an overpayment shown on your joint return was, or is expected to be, applied against your spouse's past-due state taxes, child support or spousal maintenance, or debts owed to another Arizona state agency, the IRS, or a court. If you are an injured spouse, see the note on page 1 of the instructions.

		T		124	0 110 11	
Your First Name and Middle Initial Last Name			Your Social Security Number			
Current Home Address - number and street, rural route Apartment Number			Daytime Phone No. (optional)			
City,	Town or Post Office	State		ZIP	Code	
Pai	rt 1 Type of Relief. You must complete this part for	or each tax year.				
	IMPORTANT: For a request for innocent spouse relief of separation of liability, you must have filed return for each year for which you are re	d an Arizona income tax				
				Tax Year 1	Tax Year 2	Tax Year 3*
1	Enter each tax year you want relief. It is important to enter example, if the department used your 2016 income tax refu amount you jointly owned, enter tax year 2014, not tax year	nd to pay a 2014 tax	1	Y,Y,Y,Y	Y,Y,Y,Y	Y,Y,Y,Y
2	Check the box for each year you would like a refund if you may be required to provide proof of payment. See instruction		2			
3	For each year, check the box for the type of relief claimed. you check any boxes on lines 3a through 3c. Also be sure <i>statements</i> for the type of relief you are requesting. Check all that apply: 3a Separation of Liability	to include all required	3b	l <u>—</u>		
4	Did you file a joint return for the tax year listed on line 1?			,	Yes No	
If you completed federal Form 8857, you do <u>not</u> need to complete the rest of Form 200. Check this box <i>and include all required statements</i> for the type of relief you are requesting						

DOCUMENTATION REQUIRED:



- If you were granted relief by the IRS, please include a copy of the IRS letter.
- Include a copy of your completed federal Form 8857.
- Sign Form 200 on page 5.
- · Mail to the address shown below.

Mail Form 200 to:

Individual Income Tax Audit • Attention Form 200
Arizona Department of Revenue •
PO Box 29084 • Phoenix, AZ 85038-9084

Your	Name (as shown on page 1)	Your Social Security Number				
		re room to write your answer				
Pai	rt 2 Information About You a	•		ge year metere.		
	Spouse's (or former spouse's) Current Name			Social Security Number (if known)		
	Current Home Address – number and street, rural route		Apartment Number	Daytime Phone No. (with area code)		
	City, Town or Post Office		State	ZIP Code		
6	What is the current marital status between you and the person on line 5? Check one box:					
	☐ Married and still living together	r.				
	☐ Married and living apart since:	(M,M,D,D,Y,Y,Y,	Υ			
_	☐ Widowed since:	(M,M)D,D)Y,Y,Y,	if one exists.	otocopy of the death certificate and will,		
VOC.	Legally separated since:	[M,M]D,D]Y,Y,Y,		otocopy of your entire separation agreement.		
\	☐ Divorced since:	$M_1M_1D_1D_1Y_1Y_1Y_1$	Y. Include a pho	otocopy of your entire divorce decree.		
	NOTE: A divorce decree stating that your	r former spouse must pa	y all taxes does not	necessarily mean you qualify for relief.		
7	7 What was the highest level of education you had completed when the return(s) were filed? If the answers are not the same for a tax years, explain.					
	☐ High school diploma, equivalent, or less ☐ Some college ☐ College degree or higher. List any degrees you have: ☐ List any college-level business or tax-related courses you completed:					
	Explain:					
8	Were you a victim of spousal abuse or do same for all tax years, explain.	omestic violence during a	any of the tax years	you want relief? If the answers are not the		
	\ /			Provide photocopies of any documentation, a notarized statement from someone who was		
9	9 Did you sign the return(s)? If the answers are not the same for all tax years, explain.					
	☐ Yes. If you were forced to sign under ☐ No. Your signature was forged. See		or other form of coe	rcion), check this box: . See instructions.		
10	When any of the returns were signed, did health problem now? If the answers are r	•	•	em, or do you have a mental or physical		
	such as medical bills or a do		nd when it started. F	Provide photocopies of any documentation,		
	☐ No.			Continued on page 3 →		

	r Name (as shown on page 1)		Your Social Security Number				
	If you need i Write vour nar	more room to write your answer to any one and social security number on the to	question, add more page you in	ages. nclude.			
Рa		urn Preparation Involveme					
	How were you involved with preparing the returns? Check all that apply and explain, if necessary. If the answers are not the same for all tax years, explain:						
	 You filled out or helped fill out the returns. You gathered receipts and cancelled checks. You gave the tax documents (such as Forms W-2, 1099, etc.) to the person who prepared the returns. You reviewed the returns before they were signed. You did not review the returns before they were signed. Explain below. You were not involved in preparing the returns. Other:						
	Explain how you were involved:						
12	When the returns were signed, were you apply and explain, if necessary. If the and the sign of the sig	or missing, but you said nothing. or missing and asked about it.		missing information	on? Check all that		
12	When any of the returns were signed, what did you know about the income of the person on line 5? If the answers are not the same for all tax years, explain: You knew that person had income.						
13	☐ You knew that person had income.						
13	List each type of income on a separate				ent business income		
13					ent business income		
13	List each type of income on a separate Enter each tax year and the amount of	income for each type listed. If you don't	t know any details, en	ter, "I don't know." Tax Year 2	Tax Year 3		
13	List each type of income on a separate Enter each tax year and the amount of	income for each type listed. If you don't	know any details, er	nter, "I don't know."			

Your	Name (as shown on page 1)	Your Social Security Number		
	If you need more room to write your answer to any question, add Write your name and social security number on the top of each pa			
Part 3 (Continued) 14 When the returns were signed, did you know any amount was owed to the department for those tax years? If the a the same for all tax years, explain. ☐ Yes. Explain when and how you thought the amount of tax reported on the return would be paid:				
	□ No. Explain:			
15 When any of the returns were signed, were you having financial problems (for example, bankruptcy or bills you could not p the answers are not the same for all tax years, explain.				
☐ Yes. Explain:				
	☐ No. ☐ Did not know.			
	Explain:			
16	For the years you want relief, how were you involved in the household finances? Che same for all tax years, explain.	eck all that apply. If the answers are not the		
	 ☐ You knew the person on line 5 had separate accounts. ☐ You had joint accounts but you had limited use of them or did not use them. Explain below. ☐ You used joint accounts. You made deposits, paid bills, balanced the checkbook, or reviewed the monthly bank stateme ☐ You made decisions about how money was spent. For example, you paid bills or made decisions about household purch ☐ You were not involved in handling money for the household. 			
	☐ Other:			
	Explain anything else you want to tell us about your household finances:			
17	Has the person on line 5 ever transferred assets (money or property) to you? Proper other property to which you have title. See instructions.	ty includes real estate, stocks, bonds, or		
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	were transferred.		
	□ No.			

Your	Name (as shown on page 1)	Your Social Security Number	Your Social Security Number				
			wer to any question, add more pages.				
		•	er on the top of each page you include.				
	rt 4 Your Current Financial Situ						
	Tell us the number of people currently in you			pelning to support			
13	Il us your current average monthly income and expenses for your entire household. If family or friends are helping to support ou, include the amount of support as gifts under Monthly Income . Under Monthly Expenses , enter all expenses, including						
	expenses paid with income from gifts.						
	Monthly Income	Amount	Amount Monthly Expenses				
	O.V.	Federal, state, and local taxes deducted from					
	Gifts	\$	your paycheck	\$			
	Wages (gross pay)	\$	Rent or mortgage	\$			
	3 (3 1 1)			<u> </u>			
	Pensions	\$	Utilities	\$			
	Unemployment	\$	Telephone	\$			
	Social security	\$	Food	\$			
		<u> </u>	1	<u> </u>			
	Government assistance, such as housing,	C		Φ.			
	food stamps, grants	\$	Car expenses, payments, insurance etc	\$			
	Alimony	\$	Medical expenses, including medical insurance	\$			
	,			_			
	Child support	\$	Life insurance	\$			
	Oalf amala mand hardens in any		Olathia	*			
	Self-employment business income	\$	Clothing	\$			
	Rental income	\$	Child care	\$			
	Interest and dividends	\$	Public transportation	\$			
	Other income, such as disability payments,		Other expenses, such as real estate taxes,				
	gambling winnings, etc. List the type below:		child support, etc. List the type below:				
	_		_				
	Type:	. \$	Type:	\$			
	Type:	. \$	Type:	\$			
	ži. ————————————————————————————————————						
	Type:	. \$	Type:	\$			
	Total Manthly Income	<u></u>	Total Mandalu Francisco				
00	Total Monthly Income		Total Monthly Expenses				
20	tax:	ant us to consider in	determining whether it would be unfair to hold	you liable for the			
	tax.						
_							
CAL	JIION: By signing this form, you underst	and that, by law, w	e must contact the person on line 5. See in	structions for line 5.			
Щ			and any accompanying schedules and statements, a				
TER	preparer has any knowledge.	ina compiete. Deciara	tion of preparer (other than taxpayer) is based on all	imormation of which			
SIG	YOUR SIGNATURE	DATE	<u>—</u>				
	-	-					
PLEASE	PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYE	D)			
PLI	DAID DDEDADEDIO TILL	NO ADDDESO	200 5555	DEDIO DI IONE VII INCEE			
	PAID PREPARER'S TIN PAID PREPARER	4 9 ADDKE99	PAID PREPAR	RER'S PHONE NUMBER			